

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17339

State File No.

Registrar's No. 115

FILED JUN 12 1943
Registration District No. 38

Primary Registration District No. 3006-5120

1. PLACE OF DEATH:

(a) County... Boone
(b) City or town... Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilhite Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 18 Months
(Specify whether
In this community 40 Years
years, months or days)

3. (a) PRINT FULL NAME MARIA CATHERINE HOERSCH

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife John Hoersch
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 - 22 - 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 11
If less than one day hr. min.

9. Birthplace St. Louis County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Herman Hetmman

13. Birthplace St. Louis County Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Maria Holtman

15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Hoersch
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 5-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parkers
(b) Address Columbia, Mo.

19. (a) 5-4-1943 (b) Edna H Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. No
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from April 15 1943 to May 3 1943

that I last saw her alive on April 15 1943
and that death occurred on the date and hour stated above

Immediate cause of death myocarditis
Chronic

Due to General Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(e) Means of injury

23. Signature Stephen Smith (M. D. or other)

Address Columbia Mo Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. J. Whitfield

Licensed Embalmer No. *3893*

P. O. Address *Baltimore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.